**DEPARTMENT OF VETERANS AFFAIRS**

In Reply Refer To:

Dear

Welcome to the Department of Veterans Affairs. You will be assigned to our facility as

\_Administrative Assistant from\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_ under authority of 38 U.S.C.,7405(a)(l). During your period of affiliation with our facility, you are authorized to perform Services as directed by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In accepting this assignment you will receive no monetary compensation *and* you will not be

entitled to those benefits normally given to regularly paid employees of Veterans Health

Administration (VHA), such as leave, retirement, etc. You will, however, be eligible to receive the

benefits indicated below. Cash cannot be paid in lieu of any of these benefit s.

N/A Quarters N/A Subsistence N/A Uniforms N/A Laundering of Uniforms

If you agree to these conditions, please sign the statement below and return the letter in the enclosed postage-free envelope. This agreement may be terminated at any time by either party by written notice of such intent.

Please indicate your veteran status by circling the appropriate number below.

Sincerely,

Chief, Human Resources Management Officer Enclosure

I agree to serve in the above capacity under the conditions indicated .

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Veterans Status*

*1·Vietnam Veteran\* 2-0ther Veteran*

*3-Non-Veteran*

 \* *For this purpose, a Vietnam Veteran is one with*

*service between August 5, 1964 and May 7, 1975.*

 Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pursuant to the Privacy Act of 1974, the information about your veteran status is requested under Title 38, United

States Code and will be used to help identify veteran status of all VA trainees for statistical and program planning

purposes. It will not be used for any other purpose. Disclosure of the information sought is voluntary. Failure to

furnish this information will have no adverse effect on any benefit to which you may be entitled.

 FL 10- 294

 OCT 2000(AS) Revised